



DEPARTMENT OF HEALTH
TELECOMMUNICATIONS
REQUEST FOR SERVICE

___ Approved
___ Disapproved

Initials

Date:

TO: Telecommunications Coordinator, Bureau of Information Resources
6th Floor, Cordell Hull Building
426 5th Avenue, North
Nashville, TN 37247
Phone: 532-8618 Fax: 532-1886

From:

BILLING INFORMATION		
Fund: 11	Code: 343.	Cost Ctr:

PRIORITY		
EM	HI	Due Date:

LOCATION			
Section:			
Floor:		Building:	
Street:			
City:		State: TN	Zip:
Contact:		Phone Number:	

NEW SERVICE							
Jack #	Type Phone	Module	Modem	Voice Mail	Phantom	-0- Destination	Notify Pager

CHANGE IN SERVICE		
Jack #	Phone Number	Change Needed

ADD/DELETE CALLING CARDS		
Name	Card Number	Phone Number

EQUIPMENT ORDER									
Phone			Module				Other		
Model	Qty.	Color	Model	Qty	Color	Line Cord			
M5008 (Basic 8-key)			M518 (18 Key Add-On)			Qty	14	25	
M5208 (8-key - Caller I.D.)			M536 (36 Key Add-On)						
M5216 (All, Headset Jack)			Receiver	14'	25'	Qty	Color	Twisstop	
M5313 (All Accessories)			Cord					Qty	
Any Other Equipment Needed									